

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/558589

Total Fee Calculation

Fee Code	Total # Claims	Number Entered	X	Fee	Fee	=	Total
Sm. App.					Sm. Entry	Lg. Entry	
Basic Filing Fee	204/001					<u>690</u>	= <u>690</u>
Total Claims > 20	203/003	<u>24</u>	= <u>4</u>	X		<u>18</u>	= <u>72</u>
Independent Claims > 3	202/002	<u>3</u>	= <u>—</u>	X			
Multi-Day Claim Interview	204/004						
Surcharge	204/005						
English Translation	150						<u>130</u>
<u>TOTAL FEE CALCULATION</u>							<u>892</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 892.00

Less Filing Fees Submitted - \$ —

BALANCE DUE = \$ 892.00

Sally Dale
Office of Initial Patent Examination